

Health Care Commission Awards More Value-Based Payment Reform Mini-Grants to Delaware Health Care Providers

NEW CASTLE (Dec. 4, 2018) – As part of the State Innovation Model (SIM) initiative, the Delaware Health Care Commission has awarded eight additional value-based payment reform mini-grants to Delaware health care providers in order to facilitate data integration, improve the coordination of patient care or increase readiness to integrate into an Accountable Care Organization (ACO) or operate through an Alternative Payment Method (APM)



DHSS Secretary Dr. Kara Odom Walker

The awards, through the Value-Based Payment Reform Fund, range from \$25,000 to \$250,000 for work that must be completed by Jan. 31, 2019. The commission received a total of 45 applications from primary care providers, behavioral health providers, hospitals, Accountable Care Organizations (ACOs), Federally Qualified Health Centers (FQHCs) and clinically

integrated networks, all of which must be licensed in the State of Delaware. The commission expects to award a few more additional grants for small projects (up to \$50,000) and large projects (up to \$250,000), based on the scope of the project.

This round of awards went to:

- Nanticoke Hospital (\$250,000): To conduct a study on global budgeting and how it could be implemented by Nanticoke and the State of Delaware.
- MedNet (\$200,230): To speed up development of a population health management platform through expedited integration of clinical data from the Electronic Medical Records (EMR) platforms represented across the MedNet network.
- Nemours/A.I. duPont Hospital for Children (\$200,000): To increase readiness to integrate into an Accountable Care Organization (ACO) or Clinically Integrated Network (CIN) or operate through an Alternative Payment Method (APM), as well as to ensure data integration/infrastructure analytics and improve coordination of patient care.
- Westside Family Healthcare (\$179,190): To improve the Federally Qualified Health Center's ability to thrive into Alternative Payment Methods (APM) by focusing on utilization of Health Information Technology (HIT) to identify and coordinate care of high-risk/cost patients, identify barriers limiting patients from utilizing the appropriate level of care and develop improved data integration with one of its Medicaid Managed Care (MMC) payers to allow use of clinical data for pay-for-value program performance. Part of the work will involve integration of Westside's Allscripts Electronic Health Records (EHR) system with the Delaware Health Information Network (DHIN).
- Brandywine Counseling and Community Services (\$111,716.50): To implement a data integration project that will reorganize its institutional structure to accommodate value-based

payments and improve the coordination of patient care, especially for those clients with co-occurring disorders.

- Stoney Batter Family Medicine (\$73,000): To upgrade its Allscripts system to facilitate better data-sharing required for participation in value-based programs, conversion to electronic billing and training sessions for employees.
- Delaware Health Net (\$34,375): To develop “cost of care” analytics tool to adequately define the cost of a chronic condition population historically when cared that population has been cared for at a health center.
- Stoney Batter Family Medicine (\$20,000): To design a training program for care coordinators/providers on how to prevent emergency department and hospital readmissions utilizing hospital-based admission information from DHIN, its ACO practice dashboard for Medicare patients, and its EHR stem to optimize communication.

“We are excited to announce this next round of mini-grant awards in the area of value-based payment reform,” said Department of Health and Social Services (DHSS) Secretary Dr. Kara Odom Walker, a board-certified family physician. “These grants reflect a diversity of ways that providers, hospitals, health centers and health systems are embracing payment reform.”

[The first award](#) (\$62,168), to Christiana Care Health System’s CareLink Behavioral Health Medical Home Pilot, was announced in November. [Applications, which were received during the summer](#), fell into one of three areas:

- Data integration: Project must enhance the applicant’s data integration, clinical informatics or population-based analytics capabilities. Examples include data exchange infrastructure and analytics projects or support; data warehousing and reporting capacity; and development of data-sharing agreements.

- Improve the coordination of patient care: Project must enhance the applicant's clinical integration. Examples include conducting data analytics and developing care guidelines for a primary care-based system of complex care management for high-risk population(s); implementing improvements in care transitions such as new business processes or mutual agreements with partner providers; and implementing a practice support call center.
- Increase readiness to integrate into an Accountable Care Organization (ACO) or operate through an Alternative Payment Method (APM): Project must develop, expand or enhance the applicant's shared governance structures and organizational integration strategies, linking the applicant with ACO leadership and across the continuum of care with providers already contracted with an ACO. An example would be support to model costs of care in preparation for participation in value-based payment arrangements with multiple payers.

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The Department of Health and Social Services is committed to improving the quality of life of Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.